STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965876	12/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
We "r" Family Usa Corp	2230 Sw 131 Court Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial visit was conducted on , 2013. We "R" Family USA Assisted Living Facility (ALF) had deficiencies at time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure 2 out of 2 (#1, #2) sampled residents health assessment forms were not completed.

Findings include:

Record review of resident #1 revealed she was admitted to the facility on . A review of resident #1 health assessment dated revealed section 2(self-care and general oversight assessment-medication) and section 3 (services offered or arranged by the facility for the resident) were not completed.

Record review of resident #2 revealed he was admitted to the facility on . A review of resident #2 health assessment dated revealed section 2(self-care and general oversight assessment-medication) and section 3 (services offered or arranged by the facility for the resident) were not completed.

On at 3:30 PM, the administrator acknowledged residents #1 & #2 health assessments, section 2 and section 3 were not completed.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 1 out of 3 (staff A) received a minimum of 6 hours of Limited Mental Health Training (LMH) within 6 months of employment.

Findings include:

Record review of staff A's personnel record revealed she had been employed with the facility as a direct care staff since . Further record review revealed no documentation showing staff A had received a minimum of 6 hours of LMH training.

On at 3:30 PM, the administrator acknowledged staff A personnel record did not contain documentation of LMH training and stated that he is waiting for the application so staff A can attend the training scheduled in 2014.
Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
We "r" Family Usa Corp
2230 Sw 131 Court
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 3/2/2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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